Seniors' News

Seniors' Secretariat

Giving Nova Scotia's Seniors a Voice Volume 118 December 2006

Message from the Executive Director

As we approach a new year, many of us take time to reflect on the past year and ponder our resolutions for the upcoming year. We see the new year as an opportunity for renewal, change and growth.

As we delve into 2007, the Secretariat will embrace the changes and opportunities that will come with the development of a new Ministry of Seniors.

Through the creation of a new ministry, our government has reinforced the importance of addressing the diverse and unique needs of this growing population. This is good news for all of us.

We will continue to focus on advancing actions identified in our *Strategy for Positive Aging*. Over the past few months, we've been a part of some exciting developments in the area of stimulating volunteerism. In particular, the Secretariat is working in partnership with government and community groups to create an Internet-based virtual volunteer resource centre, and to find ways to attract retiring baby boomers back into volunteering.

Plans also include offering leadership development training at the community level, which is a priority we've heard expressed by seniors through our consultative processes for some time.

And, we will continue to reach out to communities throughout the province to spread the word about the *Strategy for Positive Aging*. To be successful, organizations everywhere need to embrace the strategy and incorporate it in their own planning.

Another key focus of the strategy is the prevention of elder abuse. We've made tremendous progress in our plans to heighten awareness of this important issue and provide victims of and witnesses to elder abuse with community-based help and support. You'll see the results of this work later in 2007. To start, in January, I encourage you to visit the financial abuse section of our web site – **www.gov.ns.ca/scs** – to learn more about this important issue.

And finally, watch for the release of the 18th edition of *Programs for Seniors* in March of 2007. This province-wide directory of services and programs for seniors continues to be an extremely popular resource. To order a copy, contact us by phone, **902.424.4737**, or email, **scs@gov.ns.ca**.

On behalf of all of us here at the Seniors' Secretariat, I wish you a very happy holiday season and a prosperous and healthy new year.

Valerie

2007-05016/

What's inside...

SECRETARIAT NEWS

Funding for Seniors' Literacy Programs 3

SPECIAL FEATURES

War Brides Return to Halifax 4
Body Double 6
Are You Paying Unnecessary Income Tax? 7
Protect Your Power of Attorney Rights 9
A Model Senior Citizen 11

OUR HEALTH

Recording Your Health 12
Diet Myths: The Four Biggest "Losers" 13
In the Gym: How to Avoid Common Injuries 13
Winning Numbers 14
Know the Symptoms of Diabetes 14
Seniors Should Wear Sneakers 15
Annapolis County Club 400 – The Order of Active Living 15
A Bright Solution to Seniors' Slips and Falls 16

CAREGIVING

Caregiver Tax Tips 17

POSITIVE LIVING

Police Academy for Seniors 18

NOTES OF INTEREST

The CNIB: Vision Health. Vision Hope 20
Acute Myocardial Infarction 23
The Mira Long-Term-Care Facility! 24
Spiritual Circle for Alzheimer's Patients 25
Using Research Evidence to Improve Care for Elderly Patients 26
An Immigrant Professional's Career Path 27

Seniors' News

Giving Nova Scotia's Seniors a Voice

The secretariat newsletter is published four times a year by the Seniors' Secretariat and distributed free of charge. We welcome letters, articles, and items of interest from you. Please include your name, address, and telephone number on all correspondence. The Seniors' Secretariat was established in 1980 to facilitate the planning and development of services and programs for seniors by coordinating plans, policies, and programs presented by the departments of the provincial government. The secretariat serves as a one-door entry to government for seniors, seniors' groups, and other provincial bodies concerned with aging issues. The secretariat develops plans, policies, and programs in partnership with other levels of government and agencies responsible for seniors.

Seniors' Secretariat
1740 Granville Street
4th floor
PO Box 2065
Halifax, Nova Scotia
B3J 2Z1

(902) 424-0065 (T)
1-800-670-0065
(902) 424-0561 (F)

scs@gov.ns.ca
www.gov.ns.ca/scs

Seniors' Secretariat

NOVA SCOTIA

SECRETARIAT NEWS

Funding for Seniors' Literacy Programs

By Marguerite McMillan
Literacy Project Coordinator
Nova Scotia Seniors for Literacy Committee

The Seniors' Secretariat is pleased to be partnering once again with the Department of Education to fund literacy programs for seniors around the province. The Department of Education recently sent out requests for proposals to Seniors' Councils and Community Learning Networks containing guidelines on how to apply for grants of up to $3,000.
This year, the emphasis is on health literacy. A health-literacy manual is being designed specifically for seniors by the Secretariat and will be made available to learning networks. The manual contains basic lesson plans on topics such as: active living, healthy eating, food safety, dealing with your medical provider, understanding food labels, and reading medication labels.

This is a great opportunity for councils to partner with their local community learning network to hold a learning program for seniors in their community. Programs can be held anytime between March 1 and May 1. For more information, please contact Marguerite McMillan, **902.424.5329**.

Pictured here, from left to right, are members of the Lake Loon Cherry Brook Seniors' Group: Merlin Riley, Howard Riley, Alma Johnston, Karen Drummond, Evelyn Riley, Lillian Ross.

Winter 2006 Seniors' Learning Initiatives: A Great Example

In the May issue of this newsletter, I included excerpts of stories written by seniors who took part in literacy programs last winter in their communities and I had promised to give you more. The following is a poem from a book of stories entitled *Living Libraries – Hushed No More* by the Cherry Brook Storytellers. The book is a result of work done by the Dartmouth Literacy Network and some 15 seniors from the Lake Loon Cherry Brook Seniors' Group in a literacy program held last winter.

The Long Dirt Road

How did you get to where you're at?
The young boy asked the old sage.
Why I came by the way of the old dirt road
And I started at just about your age.

Life and times were simpler then
There was nothing in life to be feared.
Your neighbours were all your very best friends,
What you didn't have you borrowed and shared.

You probably cannot understand
The way things were back then,
The motto was each one teach one,
More from the mind than from the pen.

I don't know how the world will be
When you get to where I'm at,
But I hope you young ones will use your head
For more than just a hat.

So as you journey on through life
And face each new tomorrow,
I hope you'll learn that each new day
Had a lesson from which you can borrow.

And when life's final page is turned
And your chapter is included,
I hope the world's a better place
Because you once passed through it.

– Merlin W. Riley

For more information on literacy programs for seniors, feel free to contact me at the Seniors' Secretariat by phone at **(902) 424-5329** or **1-800-670-0065** or by e-mail at **mcmillma@gov.ns.ca**.

We do not stop playing because we are old;
we grow old because we stop playing.
– Unknown

SPECIAL FEATURES

War Brides Return to Halifax

By Susan M. Cameron, daughter of Lila (Church) Rodenhiser (British war bride) and Aubrey S. Rodenhiser (CSM with the West Nova Scotia Regiment)

The war brides came to Halifax once again! During Veteran's Week (November 5–11), they returned to the port city for three wonderful days of festivities and remembrance. For some, it was their first trip back to their arrival place since 1946.

In pairs and in clusters – sometimes accompanied by sons, daughters, or grandchildren – these silver-haired senior ladies arrived via train, plane, and automobile. Under grey November skies, amid the smiles, cheers, and flag waving of friends, relatives, dignitaries, and media personnel, they came to revisit this place, to reconnect with one another, to celebrate their shared past, and to be honoured.

The special events included an ecumenical faith service, a renewal of marriage vows ceremony, a musical performance of war songs, and the final evening's banquet and dance. Throughout, this unique group of women displayed the trademark qualities for which they have been so known and loved: spark and vigour, fun and humour, optimism and grace. They talked, they sang, and they danced with an energy that belied their 80-plus years, that downplayed their individual sorrows or losses, and that focussed on the fullness of the lives they have lived since they landed on Canada's shores.

Our informal chats revealed delightful snippets of their collective and individual histories: Dorothy met Clive at a cinema tea room in the south of England. Lillian first saw Vic and his buddy on a walk in the Surrey countryside. Ella's husband asked her for a dance in Amersfoord, Holland.

Courtships were all too brief; authorized leaves were shorter still. Amid the ruins of war, love blossomed and then was obliged to wait patiently until fiancés and husbands finished the jobs they were sent to do. When their "dear, lovely Canadian boys" finally emerged, scarred but victorious, from battle, they were demobilized and shipped home – months ahead of their new brides and children.

Finally, however, the brides began to arrive. From February of 1946 through the summer and into autumn, the Mauritania, the Leticia, the Franconia, and the Queen Mary docked at Pier 21, bringing over 40,000 war brides and 22,000 children.

First impressions remain vividly etched in the minds of the war brides. Memories of tedious docking procedures; of dingy, echoing processing rooms; of husbands, now civilians dressed in odd-looking suits and hats; of the vast expanse of dark evergreen forest slipping past the car or train windows; and of food – good food, lots of food. Barrels of apples, larders of meat, pantries of flour and sugar, and chicken coops full of eggs. Goodbye rations, shortages, and hunger! Hello prosperity and abundance!

A few of the war brides spoke quietly of early disappointments and setbacks. Deep regrets, however, seemed elusive or forgotten. These women had come to settle down, to make a success of this new world order, and to conquer.

My own mother, Lila, arrived on board the Queen Mary in July 1946. Waiting for her on the pier was my father, Aubrey S. Rodenhiser, formerly of the West Nova Scotia Regiment. In her arms she carried me, a sleeping baby. Tucked in her handbag was this welcome greeting, signed by the ship's captain: "I send you my best wishes for happiness and good fortune in your new life in the great Dominion, the country of your adoption."

Susan Cameron stands beside a wedding photo of her parents, Lila (Church) Rodenhiser (British war bride) and Aubrey S. Rodenhiser (CSM with West Nova Scotia Regiment.)

Sixty years later, we echo this message. Thank you for making Canada your adopted home. Thank you for your wonderful contributions of love and life. May God continue to bless you – and us – through all the days of our lives.

Body Double: Young product designers step inside their elders' skin.

By Sean Flinn

Among other messages, the media reminds us that the population is aging. A critical mass is bearing down upon all of us, its full weight yet to settle and make its full impact. From medical professionals to automakers, corporations are reacting to this generational juggernaut in their own way, finding ways to make better medicines and cars to suit the greying population. Researchers at the Ford Motor Company, for example, recently showcased an "aging suit" that simulates the experience of sitting in and operating a vehicle as a senior.

Taking Ford's idea out of the car and putting it into everyday life, a third-year NSCAD design class, under the guidance of assistant professor Glen Hougan, is researching and designing their own simulation suits, to experience – or inhabit – an older body with all of its changes, not just in a car but everywhere, in every moment.

Hougan says he's "getting [students] out of the studio, their personal world view," by having them visit seniors – either their grandparents (if still living and close by) or elderly folks at local facilities – to observe their lives, from climbing stairs to opening jars. The students then develop and calibrate their suits to model the physical experiences they have recorded.

"You're feeling the issues," emphasizes Hougan in his office. He stands up, sits down, bends down (as if to pick something up), reaches overhead, and covers one eye – all gestures to make the point that aging brings with it new limitations along with many capabilities. Designing products for older "users" ("consumers" is a passive term, he says) requires physical as well as intellectual involvement from future designers. "That's where I hope they get hooked – that it's a meaningful experience. I'm hoping these students become idealistic," Hougan says.

Hougan knows he has set a challenge for his students to overcome their assumptions about aging and the elderly. What's more, this is a required course for design students. He knows many students are thinking: "I want to make cool stuff for my peers. Ooh, I want to create the next iPod. All of a sudden they're dealing with a group they think is not very cool: their parents and grandparents."

Turning 20 in a couple of weeks, Katie Tower would not say that designing products is her first priority, though she says she now sees how no design exists in isolation. "[Aging] will probably affect other things I design," she says during a break from constructing a simulation, or empathy, suit. "Products are better when they work for more people."

With 10 groups of four students each, the class is looking at many issues, including vision and manual dexterity. Tower's group is focussing on joint mobility and tension, adding a system of fabric tubing to a flight suit purchased from the Army/Navy store. The group runs bungee cords through the tubes and hooks them up to a harness. The bungee cords run along the "main axes of the body," such as the outside of the arms and down the back, explains another group member, 25-year-old Richard Flanagan. Suddenly, bending one's elbow to drink from a cup of coffee becomes a strain against the tautening bungee cords.

Flanagan came to NSCAD from engineering school. Experience with graphic design in that

program led him to transfer to NSCAD. "The reasoning behind courses like this," he says, "satisfies the little scientist in me."

It only stands to reason, Flanagan believes, that design should start to incorporate and address the aging population. Like Tower, though, he hadn't thought about it until he started Hougan's class on design for an aging population. "It's a logical progression for product and industrial design," Flanagan says, adding that his grandmother has suffered severe joint immobility. "She's almost bionic."

At the end of the semester and this course, Glen Hougan hopes to build on the students' simulation suits. The assistant professor is talking to other departments at other universities – Dalhousie's architecture school, for one – about funding and evolving the suit research. Statistically, this province has the oldest population in Atlantic Canada and is a region that, according to the 2001 census, has a higher average age than the rest of the country. For Hougan, the numbers mean the province must play a lead role in age-sensitive design because "we're going there first."

Source: *The Coast*, Volume 14, Number 21 (October 19–26, 2006)

A pat on the back is only a few vertebrae away from a kick in the pants. But it's miles ahead in terms of results.

– Ella Wheeler Wilcox

Are You Paying Unnecessary Income Tax?

This article was submitted by Joan Marie Mikkelsen, a certified financial planner and elder planning counsellor residing in Dartmouth.

Usually every year or so we check our furnaces to see if they are operating efficiently, and with the recent increase in the price of gas, I suspect some of you have checked your vehicles for fuel efficiency. Another large annual cost is income tax. How often do you review your finances to see if they are operating efficiently? I suspect the answer is "not very often" or "never." Well, it will soon be time to file your income tax return, and this is a good time to review your finances.

You pay income tax on a graduated scale: the higher your income, the higher your tax rate.

The following are the 2006 federal tax brackets:

15.25%	Up to $36,378
22%	$36,379–$72,756
26%	$72,757–$118,285
29%	Over $118,285

The following are the 2006 Nova Scotia tax brackets:

8.79%	Up to $29,590
14.95%	$29,591–$59,180
16.67%	$59,181–$93,000
17.5%	Over $93,000

Non-refundable tax credits (Age, Caregiver, Charitable, Disability, Dividend, Medical, Pension, and Personal) lower the amount of tax payable. Depending on your income level, however, a tax credit can be "clawed back," or reduced. For example, the Age Tax Credit is

reduced when income is over $30,271 and completely disappears once your net income reaches $57,378. Another common clawback zone is for Old Age Security (OAS). Pensioners with an individual net income above $62,144 must repay part, or sometimes all, of the maximum OAS pension amount. The full OAS pension is eliminated when a pensioner's net income is $100,944 or above.

Your net income could be inflated if you are receiving dividend income (after-tax profits of a company that are distributed to its shareholders) from a Canadian publicly traded company. To avoid double taxation (taxes paid by both the company and the shareholder), the shareholder is entitled to a Dividend Tax Credit. For tax purposes, the actual dividend received must be "grossed up," or reported as an inflated amount. Currently, dividends are grossed up by 45 per cent and the dividend tax credit is 19 per cent. For example: For an actual dividend of $1,000, the reported income would be $1,450 ($1,000 + 45 per cent) and the Federal Dividend Tax Credit would be $275.50 ($1,450 x 19 per cent). Similar credits are available at the provincial level. This grossing up increases your net income and could push it into the clawback zones for certain benefits. While dividend income is taxed more favourably than interest income, it could cause you to lose other benefits. I suggest you take a close look to see if this is happening to you.

Income splitting can reduce income tax payable. As you can see from the above tax-bracket tables, a taxable income of $50,000 is taxed at a higher rate than one of $25,000. Also, the tax on two $25,000 incomes would total less than the tax paid on one $50,000 income. Therefore, a household would pay less income tax if the spouse in the higher tax bracket could transfer some income to a spouse in a lower tax bracket. A certified financial planner can advise you of income-splitting strategies.

When it comes to filing your tax returns, I cannot give you an accountant's advice. However, I will offer my two cents' worth.

- During the year, file everything income tax related (e.g., medical and charitable-donation receipts) in an envelope and keep it in a convenient place. Add your T3, T4, T5, etc., when they arrive and you'll be ready to go.

- Couples should file individual returns but at the same time. Unused tax credits can be transferred to your spouse.

- Obtain the services of a professional. You may recover the tax-return-preparation cost, and more, in tax savings.

- Tell the person preparing your return about your circumstances and of recent changes in your household. You may not have qualified for certain benefits last year; however, with recent tax changes, you may now qualify.

- If your health or your spouse's health has deteriorated, with the new eligibility requirements, you may qualify for the Disability Tax Credit.

- If your spouse is living in a long-term-care facility, you and your spouse may now qualify for the Guaranteed Income Supplement. Income criteria are now based on individual income, rather than on

household income, because you are now considered "single" (as you and your spouse are involuntarily separated).

- There are numerous products and services that qualify as medical expenses: for example, the annual Nova Scotia Pharmacare premium; mileage if you have to travel more than 40 kilometres for medical treatment, plus the cost of meals and accommodations if you travel more than 80 kilometres; 50 per cent of the cost of a prescribed air conditioner (to a maximum of $1,000) if you have a severe chronic ailment, disease, or disorder (such as MS); and, in some circumstances, renovations to your home. It may be worthwhile reviewing the list of eligible medical expenses, as there are often new qualifying expenses.

Our tax system has become very complicated – that is why it is a good idea to obtain professional help. We all need to pay income tax, but why pay more than necessary because we are not familiar with the rules?

Note: You may be interested in my article entitled "Some Income Splitting Strategies" in the December 2006/January 2007 issue of *Seniors' Advocate*. Since I submitted this article, however, there have been some pending legislature changes, which reinforce the benefits of working with a professional. For more information, I can be reached at **(902) 468-0602** or by e-mail at **info@joanmikkelsen.com**.

Protect Your Power of Attorney Rights

"There is wisdom in counselling prudence, and in no endeavour is this more important than in the creation of one's power of attorney."

In the September edition of this newsletter, I describe the legal document known as the power of attorney and discuss its history, uses, and effectiveness. In this article, I will emphasize the dangers of its abuse and what protective measures one can take to reduce their likelihood.

First off, remember that this is the most powerful document you will ever sign. Generally, you are appointing another individual to do anything you can do. The first rule is to know who it is that you are appointing and for what reasons. You should trust that person implicitly, for he or she may be called upon to make decisions for you when you are unable to act for yourself. If an enduring power of attorney is used, this person will be acting for you and you will not be able to revoke the appointment if you have lost your capacity to do so. The enduring nature can be both a blessing and a curse, so take time to consider your appointment.

The deviousness of the human mind knows no bounds, and if one is set on a criminal intent, it is hard to defeat its expression. Happily, we have the law enforcement agencies to guard against such contingencies. Should you sense that something has gone wrong, these agencies have trained individuals to help – call them.

In my practice I am often asked "What can I do to ensure that my power of attorney will be used to protect me and my assets?" Each case is different, of course, but there are some constants that have given rise to the "best practices" to

follow. Depending on the circumstances, it is often advantageous to appoint two individuals acting together. This strategy not only allows one appointed attorney to have the support and advantage of the other but also provides for the "watchdog effect" without you having to state that you think this aspect may be useful. It is also a good idea to provide for an alternate appointment, in the event that the primary appointment becomes unwilling or unable to act. By doing this, you are the one who has a say in who would be the next person to step in line. In the absence of such an alternate, if the prime appointment is unable to act (by reason of sickness, other circumstances, or death), your power of attorney would be a useless document. You should know that your prime appointment cannot delegate that authority to somebody else; only you can do this.

Another protective action is to review your power of attorney every two years, to ensure that the individuals you have appointed are still willing and able to act and that you still want them to act. You would be surprised how often an appointment is made, a relationship goes bad, and a circumstance presents itself whereby the document must be exercised and, yes, the wrong person is in charge.

Another protective inclusion in the power of attorney document is a clause that provides that the appointed individuals must make an annual accounting of their activities to a designated person or an institution in the event that you no longer have capacity. This provision would allow for a review by an independent person who would expect the appointed attorney to carry out the duties in a manner that would benefit the principal (you) only. Should that review not be satisfactory, the Powers of Attorney Act allows for the termination of the appointment.

Don't try to scrimp and save money on the preparation of this important document. Remember that it is for your protection. Many are lured by slick television ads proclaiming that for $19 you can get a kit that will bring you peace and comfort, only to discover, too late, that what they were provided with fell far short of expectations.

The power of attorney is a document that if properly drafted is designed to protect you and your assets. Your lawyer will be watching for the red flags that spell trouble – for example: Who is the person giving instructions? Do the instructions really reflect the wishes of the principal? Does the principal understand the implications of the document, its powers and risks? Was there any "undue influence" present that may have directed the document to have been drafted in a particular way? More often than we wish to hear, a parent will say "My son/daughter said that if I didn't appoint them, they would not look after me."

Take time to review your wishes with your appointed attorney. This, too, can be done with your lawyer, in order that the one appointed fully understands the duties and parameters of his or her authority. It is surprising how often the "abuse" complained of has its roots in a misunderstanding of the use of a power of attorney document by the appointed attorney.

The very execution of the document is equally important. Your lawyer will know that the witness cannot be the same individual as you appoint and, for better protection, ought to be solely independent of this exercise.

Seek proper legal advice. This is one instance where "... for the want of a nail the shoe is lost ..."

This article was contributed by Ned Chase, Q.C. Mr. Chase is chair of the Nova Scotia Branch of the Canadian Bar Association Elder Law Section and counsel to the valley law firm TMC Law, located in Kentville, NS.

A Model Senior Citizen

By Maisie Mitchell

I live in one of the largest nursing homes east of Montreal. In spite of its size and the number of people who call it home, it is quite easy to get to know most of the residents or at least to know who's who, so to speak. You can just imagine the stories being held captive within the minds of these retired residents.

I thought that interviewing some of our residents would be a great way to get to know a bit about a lot of people and to generate pride in our histories, so I searched my mind, trying to decide who would be my first target. It was easy. I would write about Percy Bowser, a volunteer broadcaster on the Northwood Broadcasting Club (NWBC). He gets such pleasure out of "terrorizing" me on his Saturday morning Houndawg Show, and the show is totally ad lib so one never knows what is coming next. On the Bowser show, you take your chances.

While I was digging around for some material, I discovered that while he is a jokester, Percy has also had a very serious life. This quiet, unassuming man has a determination unequalled by many people I have met.

Percy bounced into this world in 1920 and was the delight of honest, hard-working parents. He had one older brother and one sister. His father was a small-time grocer with a truck. He would bring things to Halifax from members of his community as well as pick up items for them while in town.

Percy attended his first 10 years of school at Ostrea Lake, a one-room school that he refers to as "their own university." He achieved grade 11 through correspondence and grade 12 at Queen Elizabeth High School. Percy took work-related courses at Dalhousie and Saint Mary's universities as well as the Atlantic Institute of Technology. He also trained while serving in the Royal Canadian Navy.

Speaking only for myself, I would think twice or more before trying to muscle in on Percy's field of expertise. He has worked long and hard to achieve his lifetime ambition. I should mention here, also, that the Navy was going to send him for training in wireless technology, but just before he was to leave for this training, he was diagnosed with scarlet fever and spent 40 days in the hospital. Then, prior to leaving the hospital, he got the mumps. How's that for luck?

When he was released from the hospital, Percy was posted to Newfoundland, where he did harbour patrol and attended school at night. This he did for 18 months.

Percy had an exciting life at sea – and it was dangerous at times too. However, I was not able to get him to talk very much about this part of his career. He mentioned minesweepers, a Corvette, an admiral's barge, and meeting Laura, the lady who would become his lifetime partner.

After leaving the service, he worked at Phinney's Limited, servicing radio equipment, and at Canadian Westinghouse Limited as regional service supervisor. When the province of Nova Scotia developed the Institute of Technology, Percy taught in its Moncton location for eight consecutive summers, during vacation time, on a Council of Maritime Premiers program. There, he trained other instructors in the techniques of teaching and classroom presentations. Percy retired in 1985, after 23 years.

He might have retired, but by no means did Percy quit. He has been a very big part of the NWBC and held the positions of founding general manager, program director, president, and broadcaster (from which he retired in 2005).

He is still an active member of his church, St. Margaret of Scotland on Robie Street in Halifax, and a valuable member of the Northern Lights Seniors' Club.

This man has been interviewed for several newspaper and television features. He has spoken at many functions and has been the recipient of many awards, such as the Seniors' Secretariat's Remarkable Senior Award.

Upon Percy's retirement as president of the NWBC, Eastlink Television presented him with a beautiful landscape painting. What an honour!

His philosophy: "Whatever you choose to do, give it your all."

His advice for success: "Select a goal for yourself and never give up until you attain it."

Thank you Percy.

OUR HEALTH

Recording Your Health

Keeping a personal health record will help you get the most out of your medical care. Take it with you each time you visit your doctor. Your record should include

- dates of immunizations
- illnesses, injuries, hospitalizations, and surgeries
- allergies
- chronic conditions
- important test results
- a record of preventive care (medical, dental, vision)
- an up-to-date list of medications you are taking (including dates and dosages)
- vitamins and supplements
- major diseases in your family
- names and phone numbers of health-care providers

Your record can be kept in a three-ring binder with a section for each family member. Sample forms to help you get started are available from the American Health Information Management Association **www.myphr.com**.

Diet Myths: The Four Biggest "Losers"

Eating after 8 pm causes weight gain.
FACT: It's important to avoid late-night high-calorie snacking, but eating a late dinner won't sabotage your diet if your total caloric intake is not too high.

Low fat means low calorie.
FACT: Many foods labelled "low fat" are loaded with calories because sugars and starch thickeners have been used to add flavour and improve texture. Carefully read nutrition labels and check serving sizes.

Avoid carbohydrates.
FACT: A balanced eating plan includes carbohydrates, proteins, and fats. Carbohydrates are the body's main fuel source. Choose what nutritionists call "good carbs" such as whole grains, fruits and vegetables, and beans.

Skipping meals is a good way to lose weight.
FACT: Going too long without eating may cause you to eat more than you would normally. People who eat breakfast and four or five small meals during the day tend to be more successful at long-term weight loss and weight control.

Source: National Institutes of Health Weight-Control Information Network

In the Gym: How to Avoid Common Injuries

If you decide to move your physical activity indoors when cooler temperatures arrive, here's how to stay safe while you stay in shape:

- Always warm up cold muscles before and after any strenuous activity. If you're going to use a treadmill or play basketball, walk around for five to 10 minutes before you start. After a workout, walk around and stretch your muscles until you cool down and your heart rate lowers.
- Train all of your major muscle groups. It's a mistake to focus on one area, such as the abdominals or biceps.
- Avoid lifting too much weight. If you can't finish eight repetitions without straining, you're probably lifting too much.
- Use good form. Learn how to adjust machines to your body size, and avoid jerking while lifting weights. Jerky movements can lead to sprains and other injuries. Back muscles are especially vulnerable.
- Work hard enough – but not too hard. Get your heart beating and work up a light sweat, but avoid workouts that are too intense. Moderate activity for longer periods of time will help you avoid injury and burnout.

Source: American Council on Exercise

Winning Numbers

2/3	The portion of your plate to fill with fruits and vegetables at every meal.
3	The number of servings of whole grains to eat every day.
15	The lowest SPF sunscreen to use and the number of minutes to apply it before going outdoors.
30	The minimum amount of minutes to spend doing physical activity every day.
35 & 40	A waist size of more than 35" for women or 40" for men increases the risk for diabetes and heart disease.
99	Or lower for normal fasting blood sugar, to decrease your risk for diabetes.
119/79	Or lower for normal blood pressure, to protect against heart disease and stroke.
199	Or less for normal total cholesterol, to lower your risk for heart disease.

Arguing with reality is like trying to teach a cat to bark – hopeless.

– Unknown

Know the Symptoms of Diabetes

Diabetes often goes undiagnosed because many of its symptoms seem so harmless. The most obvious ones include

- frequent urination
- excessive thirst
- extreme hunger
- unusual weight loss
- increased fatigue
- irritability
- blurred vision
- tingling in the toes

If you have one or more of these symptoms, see your doctor as soon as possible. Diabetes can silently harm your heart, your nervous system, your kidneys, your eyes, and other tissues like your gums. Early diagnosis and treatment can help prevent complications from diabetes.

Most diabetes is preventable through physical activity, diet, and weight control.

Source: American Diabetes Association

Seniors Should Wear Sneakers

In Canada alone, more than 5,000 seniors die of falls annually. Potentially fatal falls are much more likely if elderly people wear shoes or footwear other than athletic shoes, according to new research. The research, published in the Journal of the American Geriatrics Society, found that

- seniors who wear any type of shoe other than sneakers increase their risk of falling by more than 30 per cent
- people who walk barefoot or in stocking feet are 10 times more likely to fall than those who wear sneakers
- more than one-third of adults age 65 and older suffer serious falls each year
- most falls occur while people are walking on level surfaces (not on stairs) and are preventable if people make a little effort to eliminate hazards around the home
- it is recommended to remove potential tripping hazards such as throw rugs, unstable furniture, and clutter in hallways; to use non-slip mats in the bathtub and shower; to have grab bars in the tub and beside the toilet; to have handrails on both sides of all stairways; and to ensure that there is good lighting throughout the home
- the low heel, strong-grip bottom, and firm support offered by sneakers make them the best choice of footwear for seniors

Annapolis County Club 400 – The Order of Active Living

During the difficult winter of 1606, in a tiny wooden palisade at Port-Royal on our Annapolis Basin, Samuel de Champlain created L'Order de Bon Temps (The Order of Good Cheer), a social club providing good food and good times for the men of the colony. A spirit of joy, cheer, and fun improved their health and morale and helped them "escape from the winter of the mind."

Four centuries later, we established Club 400 – The Order of Active Living, to inspire people of all ages in Annapolis County to become more physically active year-round. Club 400 is an incentive program that rewards you for getting physically active and is part of the Annapolis County Active Living Strategy.

Visit any recreation department in Annapolis County to register and receive your Club 400 Activity Log and membership card. You can even visit the website (**www.annapoliscounty.ns.ca/club400**) and download, print, and complete the registration form in advance. Once you're a member of Club 400, get active! Write down in your activity log what you did and for how long. Count anything and everything you did that got you physically active for at least 10 minutes at a time. You will earn Club 400 Rewards when you log 25, 50, 100, 200, 300, and 400 hours of physical activity.

Benefits of regular physical activity include

- looking, feeling, and performing better at school and work
- stronger muscles and bones

- weight control
- better self-esteem
- continued independent living in later life
- a reduced risk of heart disease, stroke, arthritis, osteoporosis, high blood pressure, obesity, type 2 diabetes, mental illness, some types of cancer, and premature death and disability
- better psychological well-being and reduced stress, anxiety, and feelings of depression and loneliness
- developing new friendships or strengthening old ones; families that play together stay together

If you have any questions or comments about Club 400 – The Order of Active Living, please contact:

Active Living Facilitator
Municipality of the County of Annapolis
752 St. George St.
PO Box 100
Annapolis Royal, NS B0S 1A0
Phone: **(902) 532-0286**
E-mail: **activeliving@annapoliscounty.ns.ca**

To join Club 400 or to claim your Club 400 Rewards, register in person at your local recreation department in Annapolis Royal, Middleton, or Bridgetown:

Annapolis County Recreation Services
752 St. George St., Annapolis Royal
Phone: **(902) 532-2334**

Annapolis Royal Recreation
285 St. George St., Annapolis Royal
Phone: **(902) 532-7667**

Middleton Community & Economic Development
131 Commercial St., Middleton
Phone: **(902) 825-6611**

Bridgetown Town Hall
271 Granville St., Bridgetown
Phone: **(902) 665-4637**

A Bright Solution to Seniors' Slips and Falls

The Department of Energy has come up with a bright solution to help the province's senior citizens cut down on energy costs as well as reduce falls-related injuries. It is donating 2,500 light-emitting diode (LED) night lights to a Community Links program that promotes falls-prevention awareness among senior citizens in Nova Scotia.

"Nova Scotians of all ages can benefit from the energy savings and increased home safety that LEDs provide," said the Honourable Bill Dooks, Minister of Energy.

The LEDs will be distributed to senior citizens by Preventing Falls Together, a program that coordinates falls-prevention information sessions for seniors province-wide. Preventing Falls Together coordinator Carol McAllister says the lights will help make seniors' homes more falls-proof, reducing falls and the resulting

personal and medical costs for both seniors and the health system. "This initiative will allow us to coordinate our efforts to reduce energy consumption while at the same time protecting senior citizens," she adds.

In Nova Scotia, falls are the leading cause of injury-related deaths for people over 65. LED night lights can help improve the safety of seniors' homes as they can be placed in areas such as hallways, bathrooms, and stairways. In addition, LEDs use less than 13 cents in electricity over the course of a year and 23 times less energy than regular seven-watt night lights.

Preventing Falls Together comprises 13 community-based coalitions and is funded by the Department of Health Promotion and Protection.

More information on Preventing Falls Together and its community workshops can be found on the **www.preventingfallstogether.ca** website.

I have found the best way to give advice to your children is to find out what they want and then advise them to do it.

– Harry S. Truman

CAREGIVING

Caregiver Tax Tips

Are you claiming the tax credits listed below that you are entitled to as a caregiver? For more information, read your tax guide or see it online at **www.cra-arc.gc.ca**, call the Canada Revenue Agency at **1-800-959-8281**, or speak to a financial adviser.

All of the references, definitions, and amounts are based on the 2005 tax year and refer to specific lines on the income tax form. The first four items can be claimed by any eligible senior, and caregivers are entitled additionally to the last six.

Line 300, Basic Personal Credit

You are eligible to claim $8,648.

Line 301, Age Credit

You are eligible to claim $3,979 if you were 65 on December 31, 2005, and your income was $29,619 or less.

Line 316, Disability Tax Credit

Claim up to $6,595 if a health professional certifies your daily living was greatly restricted in 2005.

Line 331, Credits for Medical Expenses

Claim medical expenses paid for in 2005, up to $10,000. (Note that this limit has increased by $5,000 over last year.)

Line 303, Spousal Credit

Claim $7,344 if you had a partner you supported in 2005 whose income was less than $735.

Line 305, Eligible Dependent Credit
Claim $7,344 if you supported a dependent who lived with you and you were single, divorced, separated, or widowed in 2005.

Line 306, Infirm Dependent Credit
Claim up to $3,848 for each dependent relative with an income of less than $9,308.

Line 315, Caregiver Credit
Claim up to $3,848 if you maintained a dwelling where you lived with a dependent who was 18 or older, with an income of less than $15,453, or who was born in 1940 or earlier.

Line 318, Dependent Disability Credit
If you claimed credits on lines 305, 306, or 315, you are eligible to claim any disability amount that a dependent does not claim.

Line 326, Spousal Transfer Credit
Claim any part of your partner's age, disability pension, or tuition and education credit that he or she does not claim.

For the above, the definition of "partner" includes (but is not limited to – see the tax guide for a complete definition) the person to whom you are legally married or a person with whom you have had a conjugal relationship for at least 12 months. "Conjugal rights" is defined by the Canadian Oxford Dictionary as "the legal rights of each partner in a marriage to companionship, support, and affection (often taken to imply sexual relations) provided by the other."

Source: Information on the Canada Revenue Agency website

POSITIVE LIVING

Police Academy for Seniors

Volunteer members of the Tri County Crime Prevention Association (in Enfield), along with a member of the local Seniors Council, held a Senior Citizens' Police Academy at the Enfield Fire Hall this past fall. The program was designed to assist with the protection of seniors. The academy was limited to 30 participants, age 55 and over, and included 12 one-hour classes over six consecutive Tuesdays. Students were pre-registered.

Week 1
The first class was an introduction to the program, including an outline of the courses to be covered over the six weeks. Each student received an identification card and a binder to collect information provided by the presenters. The second class covered elder abuse and the Home Safety Program and featured a speaker from the Alzheimer Society.

Week 2
Members of the Enfield Fire Department put on a fire-safety workshop. The second class was a demonstration of ambulance services and was put on by the EMS. An ambulance was brought into the hall, and all of its medical apparatus was explained.

Week 3
A member of the RCMP put on an Assault Prevention workshop, which illustrated a number of self-defence procedures that seniors can use. The second class was a demonstration by the RCMP K-9 Unit.

Week 4
The first class was a presentation by the Department of Justice, Victim Services. The second class was a workshop put on by the RCMP on fraud/scams and included mail, telephone, and Internet fraud as well as door-to-door scams.

Week 5
A local pharmacist gave a presentation on prescription drugs. The second class was a workshop put on by Addiction Services.

Week 6
A representative from the Fundy Driving School spoke on all aspects of safe driving, with an emphasis on seniors' driving issues. The last class of the academy was a tour of the RCMP detachment in Enfield, with demonstrations of a police car and police enforcement tools.

Between each of the one-hour classes, there was a short break, with snacks and refreshments available. All classes were covered by the local weekly newspaper.

On the Tuesday following the final class, a graduation ceremony was held, with the 28 seniors who completed the course each receiving a framed graduation certificate. A number of friends and relatives of the graduating class also attended, along with many of the presenters. Also in attendance was the local MLA as well as a representative of Municipal Council. Similar courses are being planned for next year in other centres in the East Hants area.

Submitted by Paul Bolivar, a member of the academy committee, 1st vice-president of the Colchester/East Hants Seniors Council, and zone chair for East Hants

Pleasant Words to Help us Get Along With One Another

- You look great!
- You are my friend.
- May I help?
- Do you want to play?
- You did a good job.
- I love you.
- You make me smile.
- You're welcome.
- Thank you.
- That was fun.
- Do you have any errands that need doing?
- You are a good sport.
- That was a good try.
- Have a good day.
- What would I do without your help?
- You did that so much better.
- Excuse me.
- It's my treat.
- Good morning.
- How are you doing?
- I'm sorry.
- That's a wonderful idea.
- Best wishes.
- I'll share my things.
- Way to go!

NOTES OF INTEREST

The CNIB: Vision Health. Vision Hope

The CNIB has a new focus: vision health and vision hope for all Canadians.

The CNIB has been a source of support, information, and, most importantly, hope for all Canadians affected by vision loss. The introduction of our new name and new look symbolizes our renewed commitment to vision research, public education, and providing the services and support necessary to help Canadians with vision loss enjoy a good quality of life. Whether you are looking for information on healthy living, the latest in vision research, or practical ways to stay active and independent while living with vision loss, the CNIB is here for you.

As a nationwide, community-based, registered charity, the CNIB has been making a profound difference in the lives of Canadians since 1918. To find out more, please call **1-800-563-2642** or visit us online at **www.cnib.ca**.

Mainland Service Centre
6136 Almon St.
Halifax, NS B3K 1T8
Phone: **(902) 453-1480**
Toll-free: **1-800-565-5147**

Sydney Service Centre
235 Townsend St.
Sydney, NS B1P 5E7
Phone: **(902) 564-5711**
Toll-free: **1-877-674-7240**

VoicePrint: Canada's National Broadcast Reading Service (NBRS)

Let me tell you about a remarkable non-profit service. It is broadcast into eight million homes and can be found on cable TV, on satellite TV, and on the Internet. It has five regional centres, coast-to-coast, and plans to open 100 local centres across the country by the year 2007. It is set up to serve all Canadians but especially the 4.4 million who cannot independently access printed materials. It is supported by approximately 800 volunteers who read and record audio versions of the latest articles from your favourite Canadian newspapers and magazines. And, to conclude this short list of highlights, Canada's most unsung broadcast network has been working away, breaking down barriers to information, for 15 years!

Let me take you back for a moment to the mid-1980s. We had three prime ministers within three months: Trudeau, Turner, and Mulroney. The Olympics were in Calgary, and Gretzky went to LA. Now picture this scene:

Two people are having coffee in a doughnut shop. At other tables, customers are sitting, newspaper in hand, catching up on what's going on in the world, in Canada, and in their local community. But these two aren't reading the paper. And it's not because they're disinterested. Rather it's because one can't see and the other can't make out the words. Both of these people, though (one blind, one with serious dyslexia), share a vision. Indeed, that vision is the topic of their conversation.

"We need access to in-depth news and information," says one.

"Yes," agrees the other. "I'm tired of having to ask people to read information to me. I want my independence and to be able to access information on my own when it's convenient for me."

Conversations like this are taking place all across the country. They include people who are blind or have low vision and people who, due to agility problems, are not physically able to pick up a newspaper or magazine.

Eventually a movement began that put the following question to governments and elected representatives: How can millions of vision- and print-restricted Canadians get independent access to the published news and information they need to help them make the basic decisions of everyday life and to help them fulfill their rights and responsibilities as citizens?

Here's what was ultimately decided:

- Audio is the most accessible medium to exploit as an information gateway for this sizable population.

- A free national reading service should be a priority.

- "The establishment of viable audio reading services ... [is] not only in the public interest but a matter of national importance."

In 1990, the NBRS was formed to run such an operation and to provide programming for it. By December 1 of that year, the reading service, called VoicePrint, went on the air. Five years later, a second division, AudioVision Canada, was formed. Its purpose is to enhance the viewing experience for people with little or no vision. This is done by interweaving an audio track, one that describes what is happening on the screen. Because the process is done seamlessly, movies can be enjoyed by a person who can't see, but the viewing pleasure of sighted friends and family is not diminished. Many people have said this process does for people with little or no vision what closed-captioning does for people who are deaf: It makes entertainment more accessible.

The success of VoicePrint can be seen in these tributes from people who regularly tune in to the service:

From a listener in British Columbia:
"VoicePrint Canada is a valuable service, a light in a dark world. It helps to keep blind people alert and aware and encourages them to be functioning members of society."

From a listener in Ontario:
"VoicePrint Canada offers a unique service to those of us who find reading difficult. It informs my understanding of the world, and I'd be lost without it."

Charlie MacDonald, past executive director of the Nova Scotia Disabled Persons Commission, says:"The barriers to being a full-fledged independent citizen of people who are blind, who have low vision, or who are print restricted are accessing information through print, understanding the issues in their community, and making decisions about what they want to participate in. With VoicePrint they have access to all this."

Next, consider this review for described movies and TV productions:
"Up to now, movies have just been voices in the dark. I could only wonder what was going on. Who walked out before the door was slammed? It was so frustrating not to know what was going on."

Let's take a moment to reflect on the last sentence. Most, if not all, of you can easily access printed materials. Like me, you have no problem

picking up and reading your local newspaper. Indeed, think about all the times throughout the day when you look at a magazine, company information, a TV guide, a government document, or the grocery specials in the flyer dropped off at your door. I could spend at least an hour listing all of the printed messages the average person sees in a day.

Let's pause for a moment to think about another demographic. The baby boomers are aging, and with that come all sorts of impairments and diseases that will affect their vision and physical abilities. Diabetes is just one of them. Age-related macular degeneration is another.

There's no getting around the fact that as we age, our vision decreases. By the age of 50, for example, one in two people requires prescription eyewear. The World Health Organization estimates that the number of blind people worldwide exceeds 150 million and is increasing. Every seven minutes in North America, someone loses his or her eyesight.

Now, here's some more food for thought. In November the CNIB released a follow-up study to one conducted in the late '70s. This recent study, "an unequal playing field," was the first one done in more than 30 years. One of the points I found most disturbing is that in the past 30 years, for those who are blind or who have low vision, very little has changed. VoicePrint is here to change that.

And here's another dynamic:
Most new Canadians do not come from English-speaking countries, and the need for organizations to help them learn English as a second language is obvious. VoicePrint has a role to play here as well.

Now that you are more familiar with VoicePrint, can you think of someone you know who would benefit from it?

As we speed further into the 21st century and celebrate Nova Scotia's first provincial adult learning week, I'd like to remind you that VoicePrint fills a valuable need. So here's what I'm going to ask you to do: Tune in to VoicePrint on television on the SAP of CBC Newsworld or on the Internet at **www.voiceprintcanada.com.** Try to catch a movie or TV show with described video. Tell people about VoicePrint and AudioVision. Consider partnering with VoicePrint in raising awareness among your constituents.

Thank you so much for listening to my song of praise. I hope you will join me in the chorus.

For further information, call **1-800-567-6755.**

Even a stopped clock is right twice every day. After some years, it can boast of a long series of successes.

– Marie Yon Ebner-Eschenbach

Acute Myocardial Infarction: We're Waiting Too Long to Go to the Emergency Department

We know that prolonged symptom duration in acute myocardial infarction (AMI) patients is associated with adverse outcomes. In Nova Scotia, the median hours from the onset of chest pain to arrival at the emergency department have remained consistent since 1998: between 2.7 and 3.1 hours. This is comparable to Ontario data.

Perhaps most shocking, however, is that approximately 25 per cent of Nova Scotians who had an AMI waited greater than 12 hours from the onset of chest pain to going to the emergency department. The data clearly show that in-hospital mortality increases as the time between chest-pain onset and seeking medical attention increases.

A number of research studies have examined the issue and found that females and the elderly wait longer before seeking medical attention.[1] Additional factors – such as poverty, a history of angina or diabetes, and an initial evaluation at a family doctor's office or outpatient clinic – have been found to be related to later presentation times.[2, 3] This suggests that strategies to alter health-seeking behaviour, particularly in these high-risk populations, may be needed as part of a comprehensive approach to shortening delays to treatment.

There is little evidence of effective strategies in the literature; however, suggested strategies include[2]

- education programs/public awareness campaigns to emphasize chest pain as a potential medical emergency requiring an ambulance
- action plans for family physicians related to the management of patients presenting with chest pain

References

1. Jackevicius, C. A., D. Alter, J. Cox, et al. "Acute treatment of myocardial infarction in Canada: 1999–2002," Can J Cardiol (2005) 21 (2): 145–152.
2. Ingarfield, S. L., I. G. Jacobs, C. A. Jelinek, and D. Mountain. "Patient delay and use of ambulance by patients with chest pain," Emerg Med Australas (2005) 17 (3): 218–223.
3. Gibler, W. B., P. W. Armstrong, E. M. Ohman, et al. "Persistence of delays in presentation and treatment for patients with acute myocardial infarction: The GUSTO-I and GUSTO-III experience," Ann Emerg Med (2002) 39 (2): 123–130.

Source: Cardiovascular Health Nova Scotia Bulletin, Volume 1, Issue 1 (August 2006)

Millions of people long for immortality who don't know what to do with themselves on a rainy Sunday afternoon alone.

– Susan Ertz

The Mira Long-Term-Care Facility: Congratulations on a Great Initiative!

Oral health has been overlooked as an essential health concern and quality of life. And seniors' oral health care will grow in importance as the number of Canadians over age 65 continues to increase. More than any other age group, baby boomers have had dental insurance and good oral health care throughout their lives. This group will age with unprecedented retention of natural teeth, having enormous implications for oral-health-care delivery systems.

Currently there is no federal or provincial infrastructure responsible for oral health care for seniors. Health Canada and the provincial Departments of Health must provide leadership to address oral- health-care needs for Canadian seniors. Leadership by governments and a collaborative approach involving many sectors (e.g., seniors, caregivers, dental and health professionals, educators, health promoters, etc.) is required to ensure continuity of oral health care for the aging population.

Many seniors encounter challenges when accessing oral-health services. Innovative mechanisms for service delivery to these groups must be developed and implemented. The current fee-for-service, private-practice delivery of oral health care does not ensure adequate service delivery for all seniors. Many seniors cannot afford dental care, and most do not have access to insurance plans. Creative financial solutions must be developed to include public and private mechanisms for payment.

Understanding the current oral-health status of seniors and the many factors impacting oral health over the lifespan will support the development of oral-health promotion programs and disease-prevention strategies. Seniors, caregivers, students, and health professionals must receive education and training that is specific to the oral-health needs of the aging population.

The Mira is a 90-bed long-term-care facility located at the top of Young Street in Truro. Its management recognizes the need for seniors to access affordable dental services while having their daily routine disturbed as little as possible. As a result, it has been a willing partner of Dalhousie University's Faculty of Dentistry, allowing researchers to interview residents and senior members of the community for their study on oral health and aging. This study will provide valuable data that may be used by the Minister of Health in developing more accessible oral-health services for seniors.

The Mira believes that mechanisms for service delivery must be developed for underserved and access-challenged seniors; that a long-term-care facility must be equipped with adequate facilities to enable the provision of oral-health-care services to its residents; and that oral-health education should be available and provided to its caregivers, the residents, and their relatives.

To support this initiative, donations may be made to "The Friends of the Seniors," 426 Young St., Truro, NS B2N 7B1.

For more information, contact Georgette Beaulieu at **(902) 895-8715**, by fax at **(902) 897-1903**, or by e-mail at **georgette.beaulieu@gemhealthcare.com**.

Spiritual Circle for Alzheimer's Patients

At our Windsor Elms long-term-care facility, it was becoming more and more of a challenge to minister to the growing number of cognitively impaired residents. The population with dementia was approaching 70 per cent, fewer and fewer were able to attend regular Sunday worship, and it was questionable as to how much a traditional church service really meant to them anymore. These are people who rarely have an opportunity to celebrate life; who have a need for relatedness, love, and hope; and who have a spiritual need for closure as they age.

In an attempt to interact with these residents in a more meaningful and effective way, we needed to explore new possibilities; we needed a different way of thinking, a different ' .y of relating, and a different way of using symbols. We are spiritual beings, and our souls crave nourishment all our lives. The essence of all that we are and have done lives on even though memories may fade and a sense of identity may become dim. Even those with severe dementia can experience moments of spiritual awakening.

We applied for and received a grant from the United Church Watkins Fund that would be used to develop and administer a new program of pastoral care for our residents with dementia. The outcome of our reading and researching was a pilot project that we called Spiritual Circle in which we focussed on pastoral care and music therapy.

Each of our weekly programs had a particular theme (e.g., feelings, life review, sensory, or spiritual) and included music, scripture, questions, discussion, prayer, and various props. We began with a group of six Alzheimer's residents and documented general behaviour and participation. Sessions were videotaped, with permission from the residents' families. These tapes enabled us to view responses we might have missed during the session and were also made available to families so they could witness the participation of their loved ones. The entire service was 30 to 40 minutes in length. To see, hear, smell, taste, and touch are all gifts of God, and it was important that the members of our group experience these senses. We tried to create an atmosphere of familiarity and love, structure and security. The group was small, and everyone was seated in a circle. We used the same symbols each week and began by singing "This Is the Day," Voices United 412, and closed by singing "God Be with You Till We Meet Again," Voices United 422. We always greeted and said farewells to each resident individually, and we wore clothing that we hoped would evoke thoughts of clergy. The use of prayers calmed, focussed, and gave peace. Singing hymns, or even hearing them, provided a way for the participants to connect with their faith that maintained a sense of belonging and self-esteem; even those who cannot remember their own name recall words and verses they learned as a child.

We have observed significant growth among the participants of our Spiritual Circle. There has been decreased wandering, fewer outbursts, more cohesiveness between residents, and increased feelings of self-worth and satisfaction. However, the pastoral care has been mutual: Seeing and recognizing God behind all of the faces suffering forgetfulness has made us realize that we, too, have been the recipients of that which we sought to convey.

Contributed by the chaplain of the Windsor Elms long-term-care facility, Windsor, NS

Using Research Evidence to Improve Care for Elderly Patients

At Burnaby Hospital, one of 12 acute-care facilities in British Columbia's Fraser Health Authority, people age 85 and older are the fastest growing group using the emergency department. Where others might only see a challenge, management and staff at this hospital saw this growing population as an opportunity to use research evidence to improve its quality of care.

"We knew we had to organize ourselves to better meet the complex health needs of seniors," says Arden Krystal, executive director of Burnaby Hospital. "We also wanted to improve the quality of the emergency department experience for older patients and their families and, if possible, decrease the [length of the] hospital stay for those who are admitted."

Burnaby Hospital took a two-stage approach. First, it piloted the use of a geriatric emergency nurse clinician, knowledgeable about both emergency and geriatric nursing, to assess elderly patients arriving at the emergency department. Second, it developed a workshop to train other emergency department staff – particularly nurses – in geriatric health issues.

"Seniors are a distinctly different group of patients," explains Marcia Carr, clinical nurse specialist at Burnaby Hospital, who spearheaded the training project. "Their symptoms can be quite different, and they often have several complex chronic health issues layered below the presenting acute-care need." When seniors have a heart attack, for example, their symptoms are different from those of younger adults; rather than experiencing crushing chest pain that radiates to the jaw and down the arm, they feel something like indigestion and shortness of breath. Add an underlying condition such as dementia and the resulting complexity makes it even more important to ensure that systems are in place to provide care that is context sensitive and evidence based.

The training workshops for emergency room staff have had a noticeable impact. Because of the hospital's comprehensive approach to the problem, nurses and other emergency department staff can more quickly recognize unique behaviours and symptoms in seniors and identify underlying chronic health issues, making them better equipped to determine treatment options. "What's also important," says Carr, "is that staff report feeling tremendous professional and personal satisfaction in being able to provide better care for older patients."

The training, combined with the use of a geriatric emergency nurse clinician, has had a dramatic effect, and the hospital has the data to prove it. "In four months we saved 1,170 patient days," reports Krystal. "We were able to reduce the [length of the] hospital stay for older patients by an average of four days because the care plan was started right away in the emergency department. And, better yet, patients and their families were more satisfied with the quality of care."

As a result of this success, the geriatric-education component of the Burnaby project is being rolled out across British Columbia through the Geriatric Emergency Network Initiative (GENI). Recognizing the potential, the B.C. Ministry of Health's nursing directorate provided funding to further develop the training, to ensure its relevance and applicability province-wide, and to help roll it out. The first training workshop was held in March 2006, and

more workshops are planned.

"GENI is a very timely project," says Diane Clements, acting executive director of the provincial nursing directorate, "because it is targeting both the emergency department crisis and our rapidly growing elderly demographic. There's no single solution to either of these issues, but GENI will certainly have a positive impact on both."

For more information on GENI, please contact Marcia Carr at **marcia.carr@fraserhealth.ca** or visit **www.chsrf.ca/promising**.

Source: Promising Practices in Research Use, No. 6 (2006)

You Can Make a Difference in an Immigrant Professional's Career Path

Are you recently retired from your profession and looking for an opportunity to share your experiences? The Metropolitan Immigrant Settlement Association (MISA) offers a six-month Volunteer Mentoring Program that focusses on assisting newcomers to Nova Scotia to overcome barriers faced in integrating into their professional field or occupation. Mentoring provides you with the opportunity to gain valuable cross-cultural experience as well as a mutual exchange of ideas, information, and resources.

A mentor is matched with a mentee who has international work experience or training in the same trade, occupation, or profession. Mentors provide labour-market information and guidance to resources about their profession as well as advice on their mentee's professional development. This helps the mentee reach his or her true employment potential much earlier than he or she otherwise would. As a mentor, you are not responsible for finding employment for your mentee, and your time commitment is negotiated according to your availability.

Since 2004 more than 60 mentors have participated in the MISA mentoring program, ranging from professionals in health care, teaching engineering, information technology, finance, human resources, business, marketing, export, and law. Their community involvement has proven invaluable in successfully integrating internationally trained professionals in Nova Scotia.

To learn more about the program and how you can change an immigrant professional's life, please contact Denise AuCoin, Mentoring Program Coordinator at MISA, at **(902) 423-3607, ext. 305**, or by e-mail at **denise@misa.ns.ca.**

Programs for

Seniors

2006

Watch for the new 18th edition in March 2007.

This 144-page directory features information about active living, health care, transportation, housing, finances, legal matters, and more.

Pick up a free copy at your local pharmacy, libraries, physicians' offices, hospitals, seniors' centres, and clubs.

Multiple copies of Programs for Seniors can be sent to groups and organizations upon request.

To request a copy:
1-800-670-0065 (toll-free)
(902) 424-0065 (Halifax area)
E-mail scs@gov.ns.ca
Website www.gov.ns.ca/scs

Seniors' Secretariat

Seniors' **News**

Giving Nova Scotia's Seniors a Voice

View this issue online!

All of our newsletters are available on our website at **www.gov.ns.ca/scs**.

Mail or E-mail?

In an effort to save printing costs and reduce the amount of paper we are using, we are asking you, the readers, to let us know if you would like to be added to our e-mail distribution list instead of receiving a printed copy in the mail. Every little bit helps, and we ask for your support.

Please e-mail **scs@gov.ns.ca**
or call the Secretariat's information line toll-free at **1-800-670-0065** or **(902) 424-0065**.